MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09140792	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2	1							52						
3	1							53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9		3						59						
10		1						60						
11		1						61						
12		3						62						
13		3						63						
14		3						64						
15		3						65						
16		3						66						
17		3						67						
18		3						68						
19		3						69						
20	1							70						
21	1							71						
22	1							72						
23	1							73						
24	1							74						
25		1						75						
26								76						
27								77						
28								78						
29								79						
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35								85						
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37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	8							TOTAL IND.						
TOTAL DEP.	35							TOTAL DEP.						
TOTAL CLAIMS	43							TOTAL						